



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

November 17, 2009

Approved
1/26/2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	PUBLIC, CONT.	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Robert Butler	Robert Boller	Scott Singer	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Jim Chud	Pamela Chiang	Jason Wise	Glenda Pinney
Fredy Ceja	Ted Liso	Susan Forrest		Craig Vincent-Jones
Douglas Frye	Anna Long	Aaron Fox		
Michael Green		Tonya Hendricks	HIV EPI AND OAPP STAFF	
Bradley Land		Miki Jackson		
Quentin O'Brien		Paul Meza	Juhua Wu	

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 11/17/2009
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 10/27/2009
- 3) **Spreadsheet:** Grant Year 19 Ryan White Part A & B Expenditures by Service Categories as of September 30, 2009, *ongoing*
- 4) **Summary Key:** Ryan White Part A/B Expenditures by Service Category, *ongoing*
- 5) **Spreadsheet:** Fiscal Year 2009 and 2010 Allocations, 11/17/2009
- 6) **Summary:** Fiscal Year 2010 Priority- and Allocation-Setting, Paradigms and Operating Values, 4/7/2009
- 7) **Summary:** Consumer Caucus Summary, 5/14/2009
- 8) **Summary:** California HIV Insurance Continuation Options, 5/5/2009
- 9) **Memorandum:** SPA 1 Service Model and Allocations, 4/29/2009
- 10) **Policy/Procedure:** Priority- and Allocation-Setting Framework and Process, 9/1/2009
- 11) **Legislation:** New Counseling and Testing Provisions in the Ryan White HIV/AIDS Treatment Extension Act, 10/30/2009

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:40 pm and Committee members disclosed any conflicts of interest.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 10/27/2009 Priorities and Planning (P&P) Committee meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
➡ Reschedule the 12/22/2009 P&P Committee meeting to 12/15/2009 due to the winter holidays.

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8. FY 2008/2009 EXPENDITURES:

- Mr. Singer noted that many providers still have not had contracts renewed, so cannot bill as yet.
- Mr. Vincent-Jones indicated that OAPP appears to have received \$1.5+ million more in State Single Allocation Model (SAM) funds than expected. If so, the Commission should participate in fund allocation to ensure consistency with the approved plan.
- \$4.2 million in NCC went to HE/RR and \$1.2 million to Counseling/Testing with small amounts to other prevention services.
- ➡ Commission staff will review SAM allocation for consistency with the FY 19 allocation plan.

9. FY 2010 PRIORITY- AND ALLOCATION-SETTING:

A. Allocation Revisions:

- The SAM included Part B funds previously allocated to OAPP (about \$4.5 million), as well as Part B funds previously contracted directly to providers or otherwise obligated. The latter includes funding for Early Intervention Programs (EIP) and Case Management, Home-Based, which OAPP is preserving in part.
- Mr. Vincent-Jones noted P&P made some initial allocations at the 10/27/2009 meeting as follows: add \$750,000 to Medical Outpatient; add \$1.2 million to EIS (reflecting current contracts); reduce FY 2010 Medical Transportation from \$1 million to \$625,000; defund Medical Nutrition Therapy (consistent with FY 2009); and add \$1.8 million to Case Management, Home-Based (reflecting current obligations, which represent partial funding compared to previous levels).
- Assuming flat-funding, FY 2010 Part A/B resources will be approximately \$39.2 million. The total with initial revisions is \$39.5 million for a variance of about \$316,000. Long Beach will receive separate Part B funds it plans to direct to EIP.
- The initial FY 2010 Medical Outpatient/Specialty (MO/S) allocation was \$21 million, but the FY 2009 award increase mainly went to MO/S. The State then defunded Therapeutic Monitoring Program (TMP), which OAPP rolled into MO/S. TMP is estimated to cost about \$1 million for the remainder of FY 2009 and \$2 million for FY 2010.
- MO/S providers are not required to absorb the defunded Medical Nutrition Therapy, but are asked to refer and/or provide services when possible. Treatment Adherence Counseling is already included within MO/S, but OAPP has said that specialized Treatment Education services may remain with additional funds coming from MO/S resources.
- The initial revised FY 2010 allocation to MO/S services of \$21.75 million will likely not meet additional indicated costs.
- Dr. Green felt revisions were likely to need additional adjustment due to funding uncertainty. If he were to implement moving Case Management, Home-Based to NCC funding, the likely NCC source would be Residential Services. He felt, however, MO/S should be allocated at \$23 million for FY 2010 to accommodate State defunding of TMP. He added Residential Services would be rebid in the next 12-18 months at a lower amount.
- Ms. Watt noted it is late in the contract year, so any changes should be sensitive to the administrative cost of changes. Dr. Green added the fewer service categories adjusted, the lower the administrative cost.
- Mr. Vincent-Jones said discussions now lay the groundwork for review once actual FY 2010 funds are awarded. Economic contraction may elevate the importance of various priorities in determining what can still be effectively funded.

MOTION #3: (Goodman/O'Brien): Increase Medical Outpatient/Specialty (including funding for therapeutic monitoring) to \$23 million, and eliminate the \$316,875 variance by reducing Case Management, Home-Based to \$305,437 with a strong recommendation for OAPP to continue funding Case Management, Home-Based from Net County Costs (**Passed: Ayes:** Ceja, Frye, Goodman, O'Brien, Watt; **Opposed:** Land; **Abstention:** Green).

MOTION #4: (Goodman/Ceja): Approve the revised FY 2010 allocations as presented in Column 10 of the Revised Year 2009 and 2010 Allocations spreadsheet, adjusted per Motion 3, and present as percentages to the Commission for approval (**Passed: Ayes:** Ceja, Frye, Goodman, O'Brien, Watt; **Opposed:** Land; **Abstention:** Green).

10. ANNUAL MEETING FOLLOW-UP:

- Mr. O'Brien suggested rethinking the overall system of care, e.g., developing the "medical home" concept over a three- to five-year period. Mr. Vincent-Jones said that is in progress. "Medical home" is covered under Medical Care Coordination.
- ➡ Present the Continuum of Care and Comprehensive Care Plan to the Commission in January or February 2010 with emphasis on how service categories contribute to the overall system and how volunteer services contributed to the system in the past.

11. RW HIV/AIDS TREATMENT EXTENSION ACT OF 2009:

A. Allocation Revisions:

- Mr. Vincent-Jones said HRSA will provide revision guidance, but it is likely to be late and confusing. Even so, reports about linking plans to link HIV+ into care are due to Congress starting in January 2010. Some requirements may appear as Conditions of Award.

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- Dr. Green said §2602, determining “size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status,” is the next logical planning step.
- Regarding §2603, HRSA is requiring a report within four weeks on efforts to identify, diagnose and bring into care those unaware of their HIV status. It does not require specific data as that will require enhancement of HRSA’s data collection system. The report will amend the Part A application for use in determining supplemental awards.
- Mr. Vincent-Jones noted this expands discussion on the care/treatment-prevention nexus, e.g., Counseling/Testing in care settings and EIP. The Standards of Care Committee is revising the EIP standard, so that can be coordinated with this mandate. The Integration Task Force is also positioned to address this subject.
- Dr. Green added tracking surveillance viral load reports to HIV Epidemiology will be key in the eventual requirement to demonstrate the connection to care for the Supplemental award.

12. FY 2010-2011 CONTINGENCY PLANNING:

- Ms. Watt said it was important to recognize economic contractions may limit ability to fund more than a few services. Ryan White allocations may be lower than a services priority might indicate if funding is expected from elsewhere, e.g., the State.
- Mr. Vincent-Jones noted the main additional threat at this point was a further cut to ADAP. Historically, prioritization has not considered available funding for services when it prioritizes the services. He added that acknowledging the economic climate and its impact on service need may be an important consideration to factor into priorities.
- Mr. Singer said Case Management, Home-Based is ranked 28 of 38, and he is concerned his clients will find it hard to represent their needs in person.
- Ms. Watt indicated that she has tried for ten years to underscore the need for drug and alcohol treatment as a key to successful adherence.
- Mr. Vincent-Jones said the paradigm utilitarianism, greatest need for greatest number, balances community/individual need. He supported the desire to consider new allocations in light of possible economic contractions, but that any revisions to allocations should be addressed within the priority- and allocation-setting framework.
- Mr. Land related his basic needs are: physician, medication, case management, benefits assistance and, if possible, self-help. The one other key service category is Oral Health, considering the difficulty in accessing it outside Ryan White.
- Ms. Forrest said adherence impacts the effectiveness of other services and should be considered a high priority.
- Ms. Watt felt the biggest gap was in volunteers. Key in early years, volunteer resources has been neglected and has atrophied.
- Re-distribute SUNAR, provider comments and associated data for attendee review and discussion at the next meeting.
- Identify gaps in information to develop additional data in advance of the priority- and allocation-setting process.
- Schedule full-day, in-depth review of service categories in January or February 2010, including consumer input in person or via written comment, especially about what services are key for their overall health.

13. **PROCUREMENT/SOLICITATION PROCESS REFORM:** This item was postponed.

14. **ADVERSITY SECTORS:** This item was postponed.

15. **GEOGRAPHIC ESTIMATE OF NEED FORMULA:** This item was postponed.

16. **HOSPICE SERVICES NEEDS ASSESSMENT:** This item was postponed.

17. **MONITORING GOALS/OBJECTIVES:** This item was postponed.

18. **COMMITTEE WORK PLAN:** This item was postponed.

19. **OTHER STREAMS OF FUNDING:** This item was postponed.

20. **STANDING SUBCOMMITTEES:** This item was postponed.

21. **NEXT STEPS:** There was no additional discussion.

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22. ANNOUNCEMENTS:

- Dr. Green reported that the Benefits Specialty RFP was released via e-mail 11/17/2009 and will be on the OAPP website 11/18/2009.
- He said the Minority AIDS Initiative (MAI) grant cycle is being re-aligned with the Part A grant cycle. It appears the Part A application will also need to be supplemented with MAI information as the MAI award will be made as part of the Part A award in March 2010. There is no information as yet on the overlap of grant terms or how carry-overs will be addressed.
- The Client Grievance Line has been expanded to include e-mail and FAX. Business cards are available.

23. ADJOURNMENT: The meeting was adjourned at 4:25 pm.